



Participatory Audit and Planning of Rogi Kalyan Samiti (RKS) funds

A tool for monitoring and ensuring 'Decentralized planning' in the utilization of RKS committee funds¹ in Maharashtra, India



'Social Audit' as a process is now well known in India, especially in the context of the National Rural Employment Guarantee Act². Today, social audit has provided a platform for ensuring accountability and transparency in the Employment Guarantee scheme. This process provides a space for dialogue between beneficiaries and service providers.

The word 'Audit' has its origins from a Latin word 'Audire', which means 'to hear'. In ancient Greece, the word 'audire' was used in the context of the process of 'hearing of accounts'. It was usually associated with cross checking of different financial documents by authorities, declaring and sharing the findings of the financial expense, work accomplished and gaps in the implementation of the programs openly with the community.

Today, the 'Audit' process has become immensely technical and 'expert oriented' where the community's participation is very limited. For example, the financial audit of Health



Management committee (HMC) funds known as Rogi Kalyan Samiti (RKS) funds conducted by the state government. The financial audits are carried out by appointing Chartered Accountants. Although financial audits might bring in accountability, where government officials are accountable to their superiors, one sees a lacuna within the financial auditing mechanism as there is often no system to receiving feedback from beneficiaries.

Keeping this context in mind, the 'Participatory Audit and Planning (PAP) process of RKS funds' has taken the core essence of social audit and created a space for Community Based Monitoring and Planning of RKS funds.

The Participatory Audit and Planning process was conducted in a total of nine health institutions of Nandurbar, Thane and Raigad districts of Maharashtra, during December 2014 to March 2015.

Objectives of the PAP Process

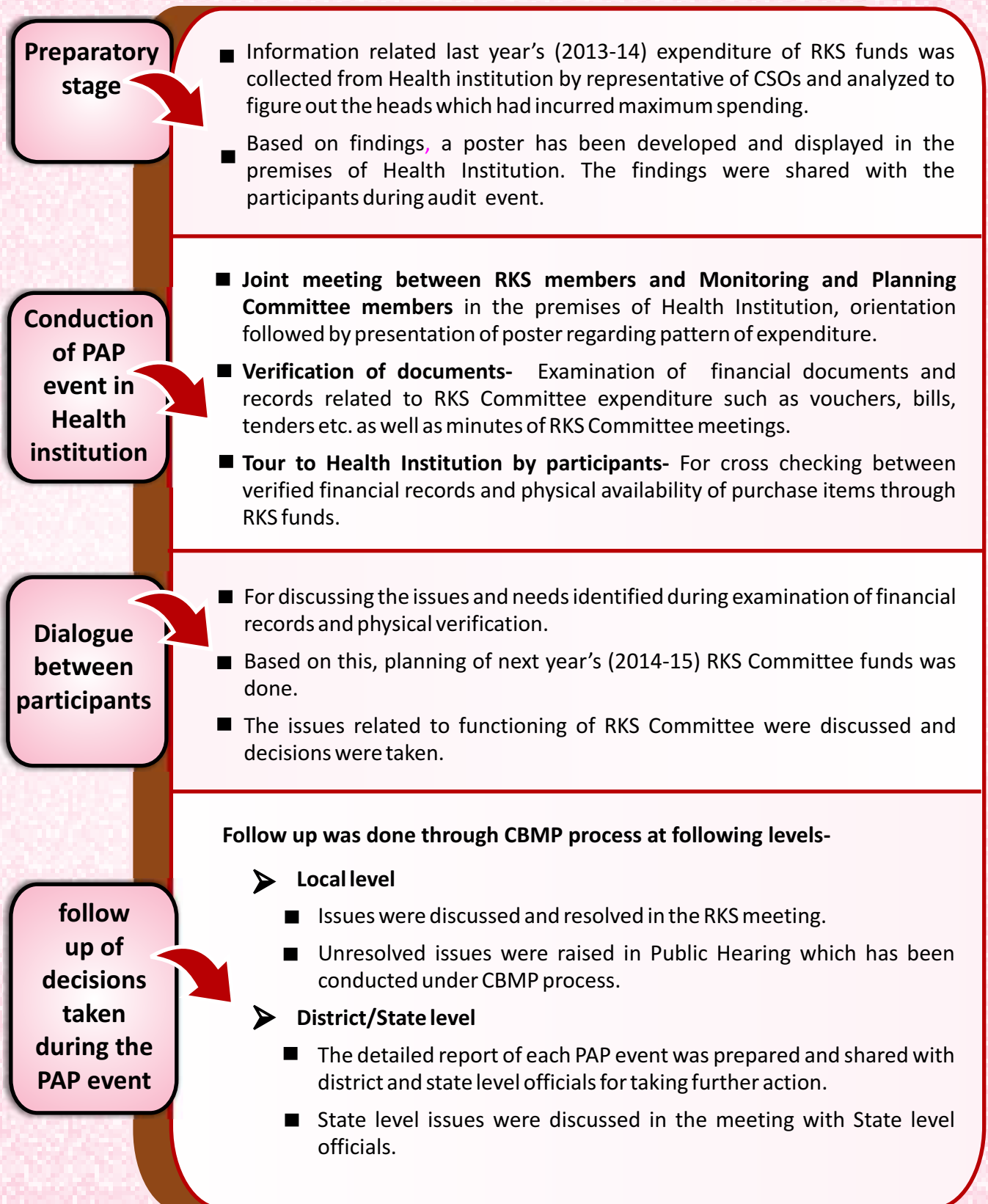
- To ensure effective and people's need based planning and utilization of RKS funds.
- To ensure active participation of various stakeholders such as elected members, RKS members, Health providers and Civil Society Organizations in decision making of planning and utilization of RKS funds.
- Identify gaps in the expenditure of RKS funds and also to evaluate functioning of RKS.
- To build the capacity of RKS members about

their roles and responsibilities.

In the PAP process, various stakeholders such as representatives of Rogi Kalyan Samiti, Monitoring and Planning Committee, active community members, elected members, health officials and representatives of civil society organizations and staff of respective Health institutions were involved. Based on the above mentioned objectives, the following steps were taken in conducting the PAP process (figure 1)-

1. In 2005, the Government of India began implementing the National Rural Health Mission (NRHM), which provides flexible funds for local health institutions to promote accessible and effective health care for the rural population. As part of NRHM, Health Management Committee known as 'Rogi Kalyan Samiti' have been set up in each public health facility, which is expected to manage annual untied funds for improved functioning of the facility.
2. Mahatma Gandhi NREGA seeks to enhance the livelihood security of the households in rural areas of the country by providing at least 100 days of guaranteed wage employment in every financial year to every household whose adult members volunteer to do unskilled manual work. The unskilled manual work include water conservation and water harvesting; drought proofing (including afforestation and tree plantation); irrigation canals including micro and minor irrigation works; provision of irrigation facility, horticulture plantation, etc.

Figure 1 - Stages of PAP process



1. Preparatory Phase

To understand the pattern of expenditure of RKS funds, a representative of Civil Society Organizations collected information for the financial year 2013-14, from the Health institution. The analysis of the expenditure data

was done to assess the components that incurred the maximum financial spending. Based on the findings, a poster has been developed and is displayed in the premises of the Health Institution providing the details of financial statements.

व्ययची श्रेणी	अंशमूल्य (रु.)	शेकड्यात टक्केवारी
• उपकरणे खरेदी (ऑपरेशन टेबल, बी.ए. इत्यादी; फॅब्रिकेशन मॅटेरियल इ.)	रु. ७६,४२५	३२.०%
• कॉम्प्युटर व इतर उपकरणांची दुरुस्ती	रु. २४,५४०	१०.३%
• दुरुस्ती (इलेक्ट्रिक वॉलटिज व फॅब्रिकेशन दुरुस्ती)	रु. २०,७५३	८.३%
• रुग्णांसाठी वसणुकाची सोय	रु. १६,८०५	७.१%
• गाडी दुरुस्ती	रु. १६,७७७	६.९%
• पाण्याच्या संवर्धन दुरुस्ती (ऑपरेशन वॉटर क्लॉजिंग)	रु. १५,७४०	६.६%
• रुग्णांसाठी औषध खरेदी	रु. १४,०५३	५.९%
• रुग्णांसाठी लयासण	रु. ५,५००	२.३%
• प्रयोगशाळा साहित्य खरेदी	रु. ५,५००	२.३%
• प्रिंटिंग स्टेशनरी (ऑपरेशन टेबल, बी.ए. इत्यादी व फॅब्रिकेशन)	रु. १४,५६१	६.२%
• आरोग्य केंद्र परिसराची स्वच्छता	रु. १२,२८०	४.७%
• फॅब्रिकेशन खरेदी	रु. ७,७२०	३.३%
• उपकरणे रेखभाल व दुरुस्ती	रु. ८,२६३	३.४%
• टेलिफोन/इंटरनेट	रु. २,७८९	१.१%
• इतर खर्च (स्वयंसेवा मंडळ, ऑडिट वी इ.)	रु. २,४५४	१.१%
एकूण खर्च	रु. २,५०,०००	१००%

• उपकरणे खरेदी, कॉम्प्युटर रेखभाल व दुरुस्ती यावर प्रामुख्याने खर्च झाला.

Picture of poster showing status of RKS funds expenditures which has done in 2013-14

Examples of pattern of expenditure

- In three Health institutions, maximum RKS funds were utilized for printing logos, photocopying of case papers and stationary during the year 2013-14.
- In the sub-district hospital of Thane district, maximum funds were utilized to purchase electrical equipments and building maintenance.
- In Khandas Primary Health Centre of Karjat block of Raigad district, maximum RKS funds were utilized towards building water facility and on payment of internet and telephone bills.



2. Actual Participatory Audit and Planning (PAP) event

A meeting was organized in the premises of the Health institution with participation of RKS members, Monitoring and Planning committee members under CBMP process; District and State level Health officials and representatives of Civil Society Organizations. The PAP event began with an orientation to RKS members about their roles and responsibilities. This was followed by a presentation of poster and sharing pattern of last year's RKS funds expenditure. All the participants were involved in the examination of financial documents and records that included books of accounts, vouchers, supportive documents, and proceedings of RKS meetings etc. After the examination of financial documents, the participants took a tour of the health institutions in each ward. They interacted with patients and



staff of the institution. This activity helped in cross-checking the verified financial records and physical availability of purchased items through RKS funds.

Examples of the gaps that emerged and resolved during PAP event

- In one of the PHCs, the existing constitution of the RKS committee was not as per guidelines such as no representation of elected members and Civil Society Organization. Hence, it was suggested that the committee be reconstituted. Within fifteen days of the audit, with the initiative of the accountant of the facility and the CSO representative, the committee was reconstituted.
- In one of the PHCs, the expenses incurred from RKS funds for for the repair of television, subscriber recharge for dish TV. However during an inspection it was found that there was no television in the facility. The team conducting the PAP found out that the television was under repair. Further, villagers shared that they had never seen a television in the PHC. The investigation revealed that the television was placed in the ward boy's house. During the meeting he was asked to return the television to the facility. The very next day of the audit, one of the villagers informed a representative of SATHI that the television was returned and now placed in the facility.
- In Son Primary Health Centre (PHC) in Dhadgaon block, Nandurbar district, Rs. 33,705 was spent on purchase of equipment such as microscope, centrifuge machine, slides, test tubes etc. for the PHC. This was the RKS fund for the previous years. As per the process, any purchase that requires a large sum of money, quotations from vendors must be sought first, and then the acquisition and purchase is made. However, in this case, the equipment was purchased in March 2013, while the quotations were invited in April 2014.

3. Dialogue between various stakeholders

The PAP event concluded with a meeting where all issues and findings were discussed and decisions were taken. This was an essential step to consolidate the process and take it to its logical conclusion.

The planning of the RKS funds for the year 2014-15 was made, taking into consideration the findings, recommendations and physical verification of items purchased through RKS funds.



Examples of decisions taken in a dialogue between various stakeholders

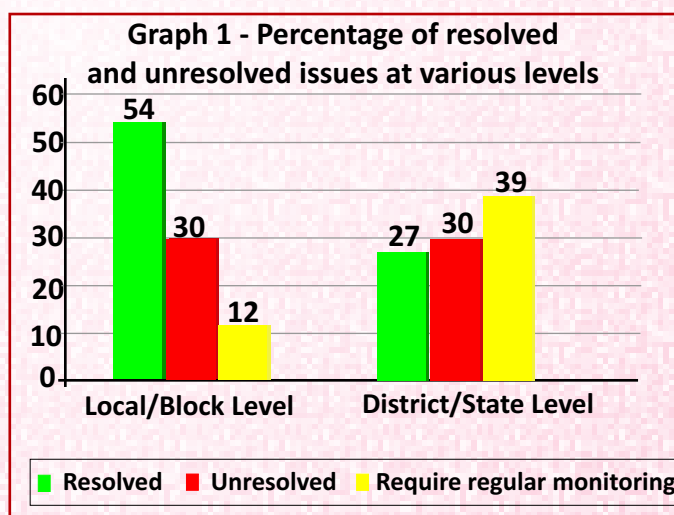
- A Community Health Center had purchased a fridge and cooler that was placed in the in staff quarters at the time of the committee's visit. A district level official recommended that the items must be immediately placed in the CHC. The items were returned to the hospital.
- A decision was taken to utilize the current RKS funds to fix mosquito nets on all the windows of the health centre and replacement of a leaking water tank in the hospital.
- In one Health Institution, curtains for doors and windows were fixed. Earlier the curtains were put up only in the doctors' cabin. The doors of other wards like General Ward, Women's ward, did not have any curtains. This issue was discussed and curtains which were purchased through RKS funds were put up on the doors of all wards.

4. Follow up of decisions taken during the PAP event

During PAP event, total 96 issues were raised from 9 health institutions. Out of 96 issues, 74 issues were related to utilization of RKS funds and functioning of RKS where as 22 issues were related to various gaps in health institutions.

All 96 issues were categorized and analyzed on the basis of whether issues have been resolved, remain unresolved or needed regular monitoring as well as on the basis of levels at which issues can be resolved. It has been observed that out of 96 issues, around 45 issues were resolved; 48 issues were remained unresolved and 12 issues which can be resolved through regular monitoring.

The status of resolved and unresolved issues at different has been given in the graph below-



The above graph shows that, out of total 64 issues at local/block level, around 54% (36) issues were resolved, 30% (20) issues were remained unresolved and 12% (08) issues which need to resolved through regular monitoring at local/block level. On the other hand, out of total 32 issues at the district/state levels, only 27% (09) issues were resolved, 3% (20) issues were remained unresolved and 39% (13) issues which need to resolved through regular monitoring at district/state.

In order to resolve the pending issues, attempts were made at various levels. At local level, these issues have been resolved through RKS meetings with active involvement of RKS member. Follow up regarding decisions which has taken during PAP events especially of unresolved issues is being done through CBMP process by using various forums such as monitoring and planning committee meetings, Jan Sunwais etc. Whereas the district/state level issues were followed up by continuous dialogue with state NHM officials.

Table 1- Districtwise pattern of percentage of resolved and unresolved issues

Status of issues	Thane	Raigad	Nandurbar	Total
Resolved	10 (37 %)	18 (56%)	17 (46%)	45 (47%)
Unresolved	9 (33%)	14 (44%)	16 (43%)	48 (50%)
Need regular monitoring	8 (30%)	00	4 (11%)	12 (13%)
Out of	27	32	37	96

Positive decisions taken at the state level regarding PAP process

Based on positive impact of PAP process leading to improvement in health services at local level, two important decisions were taken at the state level-

- It emerged from almost all nine PAP events that RKS coordinator and accountant, who are expected to facilitate the RKS functioning, do not have clarity regarding their role, responsibilities and overall use of the RKS funds. In the light of this, a decision has been taken to conduct a state level workshop for them. In the first phase of implementation of this decision, it was decided to conduct workshops with officials from CBMP districts.
- State Government has decided to implement the PAP process in 22 blocks from 14 districts of Maharashtra where CBMP process Health Services is being implemented.



Lessons learnt during the implementation of PAP

- The role and involvement of Civil Society Organizations is crucial and important for the facilitation and coordination between various stakeholders
- In order to move towards decentralized planning of RKS funds and functioning, the multi-stakeholder body is a non-negotiable component in the PAP process. However, consensus building among a multi-stakeholder body could be challenging for civil society organizations. These multi-stakeholder bodies must have the authority to take decisions and action on issues that are raised during PAP process.
- The state and district level officials must provide unambiguous directions to the field level Health providers such as Medical officers, nurses and other staff. The directions help in understanding their administrative duties, job roles, responsibilities and obligations, and any other financial information pertaining to the RKS funds.
- Ensuring some concrete actions from health officials especially at district and state level, is one of the major challenges faced during PAP process. This challenge can be overcome by continuous, rigorous follow up with Health officials.
- If Community engagement is to be increased in a real sense, we have to give them concrete activity and mandate to take decisions. Such spaces could be useful to ensure community engagement.
- Involvement of dedicated and active community based actors such as retired teachers, youth and woman representatives of Self Help Groups is essential and important for ensuring sustainability of community processes.
- As local elected members have given mandate of monitoring and decision making powers, their involvement and contribution in the community action is crucial.

Challenges faced during implementation of PAP process-

- 1. Lack of accessibility to the data regarding RKS expenditure from health institutions-**
In some of the health institutions an initial reluctance has been observed in sharing data with CSOs, however use of mandate of access to data for CSOs implementing CBMP process was found to be useful in those institutions.
- 2. Maintaining the motivation of various stakeholders especially key decision makers such as elected members-**
It is a challenge to maintain motivation and interest of PRI members to keep them involved in such community processes. However this issue has been tackled by inviting them in various events as a chairperson, keeping regular and continuous contact with PRI members, providing them regular updates about processes.
- 3. Difficult to ensure immediate and concrete actions from higher level-**
Consistent follow up and involvement of state level officials in the process since its beginning helped us to ensure the resolution of issues from the state level.

***CBMP district nodal organisation which actively participated in the process-
Van Niketan, Thane; Narmada Bachao Andolan, Nandurbar; Disha Kendra, Raigad***



Published by-

SATHI, State Nodal Organisation for CBMP in Maharashtra supported by NHM

Flat No. 3 & 4, Aman (E) Terrace Society, Dahanukar Colony, Kothrud, Pune- 411029

Phone- 020-25472325, 020-65006066; email- sathicehat@gmail.com, website- www.sathicehat.org

Technical assistance- International Budget Partnership (IBP)

Printed by : Sanskruti Designers

March.2016